



CITY OF RICHMOND
FIRE DEPARTMENT
101 S. 5TH ST. RICHMOND, INDIANA 47374
(765) 983-7268

JUNIOR FIRE ACADEMY APPLICATION - 2016

PLEASE SEND YOUR COMPLETED APPLICATION TO *Fire Prevention Bureau* AT 101 S. 5TH St. Richmond, IN 47374. by June 6th, 2016. There is a \$50 fee due JUNE 19th if accepted. DO NOT SEND MONEY WITH THIS APPLICATION.

Section 1 – To be completed by Parent or Guardian:

Applicant's Name: _____ Age: _____ ☐ Boy ☐ Girl

Grade Entering August, 2016: _____ School: _____

Parent/Guardian Name: _____
MOTHER FATHER

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mother's Work Phone: _____ Father's Work Phone: _____

Emergency Contact: _____ Cell Phone: _____
NAME TELEPHONE

Email Address: _____ Shirt Size: CS CM CL AS AM AL AXL

Please list all health concerns, allergies, limitations, or restrictions and medications for your child:

Why do you support your child's involvement in the Junior Fire Academy?

Only the following people may pick my child up from the Academy:

PLEASE CHECK:

_____ I agree to have my child at Station 1 on time every day.

Please photocopy and distribute as necessary

Section 2 – To be completed by the CANDIDATE for Summer 2016

Candidate Name _____ Age _____ ☐ Male ☐ Female

School Currently attending: _____ School Days missed 2015-2016: _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Email address _____

In your own words, explain why you should be a candidate in the Richmond Fire Department Junior Fire Academy:

Please attach a second sheet of paper if you need more room to finish.

Candidates are expected to participate in fire rescue activities and take what they learn back home and teach others about fire safety and the fire service. Will you pass along to your family and friends what you learn in this program? How will you do it?

Please attach a second sheet of paper if you need more room to finish.

There are portions of the class that require physical effort in simulated firefighting operations as well as classroom training in fire safety and prevention. Are you willing and able to accept the challenges of the Junior Fire Academy?

Please attach a second sheet of paper if you need more room to finish.

Attendance is required for all portions of the 5-day Academy. Will you commit to attending the entire program?

☐ YES ☐ NO

Please feel free to make any additional comments here regarding why you should be a Candidate:

Please attach a second sheet of paper if you need more room to finish.

*****Please attach at least 2 letters of recommendation from recent teachers***
addressing why THEY think you would be a good candidate for the 2016
Richmond Fire Department Junior Fire Academy**

Please photocopy and distribute as necessary

TERMS OF ENROLLMENT

- ◆ Candidates must attend all sessions every day. Any unexcused absence will be cause for dismissal.
- ◆ Candidates will adhere to the Department's Rules and Regulations or will be **dismissed without review**.
- ◆ Candidates should not bring any valuables to the program, **including CELL PHONES**, electronics, radios, jewelry, money etc.
- ◆ Richmond Fire Department is **NOT** responsible for lost items. Staff has been instructed **NOT** to safe keep any candidate's possessions.
- ◆ **Closed-toed sneakers** everyday (No sandals)
- ◆ **Work clothes including shorts and a belt** (appropriate for the weather)
- ◆ After start of program, no refunds will be given.

The Academy will be primarily held at Richmond Fire Department Station #1 at 101 S. 5th St. daily. Academy hours are 8:30 am – 4:30 pm. Candidates need to be picked up **promptly at 4:30 p.m.** Any candidate not properly prepared will not be permitted to participate in the events scheduled for the day. Junior Fire Academy Staff must be notified **PRIOR** to the first day of camp if any issues or changes to any information on this application

If I cannot be reached in the case of an emergency, I hereby give my permission to the physician selected by the Richmond Fire Department's authorized staff member to hospitalize secure proper treatment for and order injection and/or anesthesia and/or surgery for my child.

Parent /Guardian Signature

Date:

Name of Child's Doctor:

Phone No.:

Name of Health Insurance Company:

ID No.

(Copy of Health Insurance card will be required at time of Mandatory Orientation)

****Additional medical paperwork will be distributed at the Mandatory Orientation****

*****You will be notified of acceptance to the 2016 Junior Fire Academy** by mail. More information will be given on mandatory parent/guardian orientation meeting and payment at that time. Please call or email for more information.***

Good Luck!

Mike Davis
Chief of Fire Prevention
Richmond Fire Department
mdavis@richmondindiana.gov
765-983-7268

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK ACKNOWLEDGEMENT

THE UNDERSIGNED HEREBY AGREES THAT:

I understand that the fire service is, by its nature, inherently dangerous. However, I also understand that my child will not be placed in any hazardous condition or atmosphere that would compromise his/her health or safety. I give my child permission to participate in all programs and activities conducted by the Richmond Fire Department, including field trips and ride-alongs.

In consideration for the opportunity for _____ (my child or ward), participating in the RFD Junior Fire Academy (hereinafter the "event"), the undersigned hereby forever releases and saves harmless the City of Richmond, Indiana, and/or the City of Richmond Fire Department, and all and each of its agents, Board members, employees, and representatives, both jointly and severally (hereinafter "Releasees"), from any and all liability, claims, and any and all damages, which may be incurred, including personal injuries sustained or death, as a result of my child or ward participating in the event. Such release shall include, but not be limited to, any claims which may arise because of a negligent act or omission by the City of Richmond, the Richmond Fire Department, or any of their agents, employees or representatives, either jointly or severally; and for any claims, expenses, and damages which might hereafter be brought, claimed, or instituted for any reason whatsoever. I also understand, acknowledge, and agree that the image or name of my child or ward, may be subsequently used for publicity and/or promotional purposes including but not limited to photographs or videos of participation and said use of any image, name, photograph, or video by Releasees is expressly authorized by the undersigned. I also understand, acknowledge and agree that I have read the entry form and all information contained within said form and my signature below constitutes agreement with the form and all information contained therein. I also understand, acknowledge and agree that any entry fees, once paid, are non-refundable.

This agreement shall be binding on all parties to this agreement as well as their heirs, successors, personal representatives and assigns from and after execution hereof. The City of Richmond or the Richmond Fire Department has the right to rescind permission of the above activities at any time.

Parent/Guardian Signature

Date: _____

Witness, City Staff

Date: _____

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), the City of Richmond, Indiana, will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: The City of Richmond, Indiana does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Please photocopy and distribute as necessary

Effective Communication: The City of Richmond will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City of Richmond programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communication accessible to people who have speech, hearing or vision impairments.

Modifications to Policies and Procedures: The City of Richmond will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcome in the City of Richmond offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Richmond, should contact the office of D. Sue Roberson, ADA Coordinator, by telephone (765-983-7244) or email (sroberson@richmondindiana.gov) as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the City of Richmond, Indiana, to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service or activity of the City of Richmond, Indiana, is not accessible to persons with disabilities should be directed to **D. Sue Roberson, ADA Coordinator, 50 North 5th Street, Richmond, IN 47374, telephone 765-983-7244, or email sroberson@richmondindiana.gov.**

The City of Richmond, Indiana, will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are accessible to persons who use wheelchairs.

La Academia Juvenil de Bomberos del Departamento de Bomberos de Richmond será instruida en inglés. Si desea que esta solicitud se traduzca al español, favor de comunicarse con el Director de Recursos Humanos de Richmond, Sue Roberson al (765) 983-7244, sroberson@richmondindiana.gov, o 50 Norte 5th Street, Richmond, Indiana, 47374 antes del 16 de mayo. Por favor, incluya referencia a la Academia Juvenil de Bomberos con su correspondencia.

For Richmond Fire Department use:

Approved: YES NO

Date received: _____

Method of Response: Mail Hand E-mail

Sent letter of invitation/denial on: _____